

1999-05-13 PTO
 10/60713
 06/25/03

UTILITY PATENT APPLICATION

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	MO04-P01
First Inventor	Dee J. Hilberry
Title	Ambulance Stretcher Support To Reduce Patient Trauma
Express Mail Label	EU986433867US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission
3. <input checked="" type="checkbox"/> Specification [Total Pages] 20	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the invention	
- Cross Reference to Related Applications	
- Statement Regarding Fed sponsored R & D	
- Reference to sequence listing, a table, or a computer program listing appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total] 5	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Pages] 3	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
17. <input type="checkbox"/> Other: Check for 462.00	15. <input type="checkbox"/> Certified Copy of Priority Document(s)
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

Continuation Divisional Continuation-in-part(CIP) of prior application No.: /

Prior application information: Examiner _____

Group / Art Unit: _____

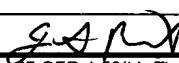
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/>		<input type="checkbox"/> Correspondence address below
(Insert Customer No. or attach bar code label here)			
Name	John S. Reid 27451 PATENT TRADEMARK OFFICE		
Address	1926 S. Valleyview Lane		
City	Spokane	State	WA
Country	USA	Telephone	509-534-5789
Zip Code	509-532-0351		

Name (Print/Type): John S. Reid

Registration No. (Attorney/Agent): 36,369

Signature: 

Date: 06/25/2003

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16563 U.S. PTO
06/25/03

PTO/SB/17 (5-03)

Approved for use through 04/30/2003. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003		<i>Complete if Known</i>	
<i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
TOTAL AMOUNT OF PAYMENT (\$)		\$462.00	
Filing Date		First Named Inventor	
Examiner Name		Dee J. Hilberry, et al.	
Group Art Unit		Attorney Docket No.	
		MO04-P01	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number <input type="text"/> Deposit Account Name <input type="text"/>		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee Code</td><td>Fee (\$)</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code	Fee (\$)	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	410	2252	205	1253	930	2253	465	1254	1,450	2254	725	1255	1,970	2255	985	1401	320	2401	160	1402	320	2402	160	1403	280	2403	140	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,300	2453	650	1501	1,300	2501	650	1502	470	2502	235	1503	630	2503	315	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	750	2809	375	1810	750	2810	375	1801	750	2801	375	1802	900	1802	900	Other fee (specify) _____			
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2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN PATENTS <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>25</td><td>-20** =</td><td>5</td><td>9.00 = 45.00</td></tr> <tr><td>Independent Claims</td><td>4 - 3** =</td><td>1</td><td>42.00 = 42.00</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr> <tr><td colspan="2">SUBTOTAL(2)</td><td colspan="2">(\$)</td></tr> <tr><td colspan="2"></td><td colspan="2">\$87.00</td></tr> </tbody> </table>		Total Claims	Extra Claims	Fee from below	Fee Paid	25	-20** =	5	9.00 = 45.00	Independent Claims	4 - 3** =	1	42.00 = 42.00	Multiple Dependent				SUBTOTAL(2)		(\$)				\$87.00		Fee Description Fee (\$)																																																																																																					
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SUBMITTED BY		<i>Complete if applicable</i>			
Name	John S. Reid	Registration No. (Attorney/Agent)	36,369	Telephone	509-534-5789
Signature	<i>JS</i>		Date	June 25, 2003	

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